

PART A

To: 13605861181

APPLICATION FOR PERMIT

(excluding Household Goods)

WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION

1300 S Evergreen Park Dr. SW, PO Box 47250, Olympia, WA 98504-7250 Telephone (360) 664-1222 - Fax (360) 586-1181

Intrastate Common Carrier Operating Authority

FOR OFFICIAL USE ONLY				Docket No. TV- 127062				
Reception Number Safety				Carrier ID# (() 8				
111-0268-200-02	111-0268-200-02 Insurance			Employee (W)				
	TYPE OF A	PPLIC	ATION					
New Common Carrier Permit Authority, or Transfer of Existing Permit Number			Extension of Common Carrier Permit Authority					
\$275 GENERAL COMMODITIES ONLY			\$100	GENERAL COMMODITIES, including ARMORED CAR SERVICE				
ARMORED CAR SERV	\$275 GENERAL COMMODITIES, including ARMORED CAR SERVICE			GENERAL COMMODITIES, including HAZARDOUS MATERIALS				
\$275 GENERAL COMMODITE HAZARDOUS MATER		\$100	GENERAL COMMODITIES, including HAZARDOUS MATERIALS and ARMORED CAR SERVICE					
\$275 GENERAL COMMODIT HAZARDOUS MATER ARMORED CAR SERV	ALS and							
\$100 REINSTATEMENT OF CANCELLED COMMON CARRIER PERMIT - Must be filed within 10 months of cancellation								
	MOTOR CARRIER	IDENT	IFICATIO)N				
Common Carrier #: 65519 Unified Business Identifier Number (UBI): 603424074								
Legal Name: Rathryn J Christian 1 USDOT: 2528463								
Trade Name(s), dba(s), if any R&M Transportation SK								
Email address: Kjge christian @ gmail. com								
Phone Number: 509- 952 - 5869 Fax Number: 509- 452 - 7448								
	-5869	_ rax i	vullibel.	209- 732- 1498				
Business (Mailing) Address: 5/6								

TYPE OF BUSINESS STRUCTURE								
		 -	TTPE OF BUSHVI	233 31 RUCT	DKE			
Individua	☐ Partne	ership	Corporation	□ Limited Li	ability Company	State of Inc		
NAME Kathry	n J Christ	TITLE	President	Stock Distribution or % of Shares				
								
			*TRANSFER OF P					
*Complete t	his section ON	LY if you	are transferring an e	existing perm	nit to a new owne	er. List name of current		
permit holde	er and permit n	iumber t	o be transferred. Th	e current pe	ermit hold must si	ign below to authorize the		
transfer of the	ne permit num	ber.						
NIANAC ON DI	-0147							
NAME ON P	EKMII		· · · · · · · · · · · · · · · · · · ·		Permi	t Number		
•								
Signature of	current permit	holder		· · · · · · · · · · · · · · · · · · ·				
Signature or	current permi	noidei			Dat	e		
		INC	URANCE REQUIREM	AENTS (
	A		ill not be issued until					
☐ You will not			vill not haul		haul hazardous	☐ You will haul hazardous		
hazardous mat	terials in any	В	ous materials in any	materials requiring \$1 materials requiring \$5				
quantity. You v	•	quantity	y. You will operate	,	ublic Liability and	million in Public Liability		
operate vehicle			s with a GVWR of	Property Da	amage Insurance.	and Property Damage		
GVWR of less t	- · · · · · · · · · · · · · · · · · · ·		pounds or more. You	E .	omplete Part C,	Insurance. You must		
pounds. You m \$300,000 in Pu			otain \$750,000 in	Sections 1	and 2.	complete Part C, Sections 1		
and Property [<u>-</u>		iability and Property Insurance. You must	1		and 2.		
Insurance. You	-	_	te Part B.	1				
to complete Pa		Complet	ic i die b.					
				J				
	N	OTOR V	EHICLE LIST (Attach	additional pa	ages if necessary)			
Unit #		icense N		State		VIN number		
	231522		MA	KPSD49X7YD522967				
6	6 39402RP		TATA	IXPENBAYOUN RICAUL				
7 R449934		MA	245 NAFRAIC DALISZ					
		-11				17/C00.1100		
SIGNATURE								
I, as applican	t, understand	that the f			in itself constitut	te authority to operate		
and that no	perations may	be cond	lucted until a permit	is issued by	the Commission.	I hereby declare and		
and that no operations may be conducted until a permit is issued by the Commission. I hereby declare and affirm that the information contained in this application is true to the best of my knowledge and belief.								
)								
V = 0								
Dath	syn So	11/1/2	tian		Kaly.	31, 2014		
Signature				D	ate/			

PART B **SAFETY FITNESS SURVEY**

FOR ALL APPLICANTS THAT OPERATE A VEHICLE OVER 10,000 GVWR

Companies applying to transport any commodity must complete this survey.

Instructions: In each category shown below, list the person and/or position responsible for understanding, maintaining, and complying with current Federal Motor Carrier Safety Administration (FMCSA) regulations in the Code of Federal Regulations at 49 CFR. The requirement to comply with current FMCSR is mandated by the Washington State Patrol (WSP) in its rules, Washington Administrative Code (WAC) 446-65.

Copies of the FMCSR's are available from several vendors. These include, but are not limited to:

- Washington Trucking Association, 930 S. 336th St., Suite B, Federal Way, WA 98003, www.wtatrucking.com, (800) 732-9019 or (253) 838-1650.

Controlled	Substances and Alcohol Testing
Name: Colleen Jones	Position: Bookkeper
Any driver who operates a vehicle that meets the	e definition of a commercial motor vehicle as described below must
nave a valid CDL. The definition of a commercial has a gross combined weight rating of 26	motor vehicle is a vehicle that: 6,001 pounds that includes a towed unit with a gross vehicle weight
rating of more than 10,000 pounds; or	
has a gross vehicle weight rating of 26,00 is designed to the ground 1.5 and ground 1.5	
 is designed to transport 16 or more pass is of any size and is used to transport has 	engers, including the driver; or zardous materials of an amount that requires placarding under
hazardous materials regulations.	tallous materials of an amount that requires placarding under
Any person who drives a commercial motor vehi	cle requiring a CDL must participate in a controlled substance and
010.	49 CFR Part 382 and 49 CFR Part 40, and by the WSP in WAC 446-65-
Communication	
Commercial D	Priver's License (CDL) Requirements
	ρ
Name: Colleen Jones	Position: Baak keeper

- has a gross combined weight rating of 26,001 pounds that includes a towed unit with a gross vehicle weight rating of more than 10,000 pounds; or
- has a gross vehicle weight rating of 26,001 pounds or more; or
- is designed to transport 16 or more passengers, including the driver; or
- is of any size and is used to transport hazardous materials of an amount that requires placarding under hazardous materials regulations.

	Driver Qualification Requirements	
Name	Colleen Jones Position: Brokkeeper	
as req	impany must maintain a complete Driver Qualification File for each employee authorized to drive motor ired by FMCSR Part 391.51 and by the WSP in WAC 446-65-010. Owner/operators that work exclusively ite commerce within Washington have limited exemptions. Owners/operators that conduct any interstations must maintain a complete file on themselves and any other driver that they may use.	in
	Drivers Hours of Service	45.7
Name	Kathryn of Christian Position: President	
Each c	mpany must maintain true and accurate hours of service records for each individual that drives a motor ired by the FMCSA in 49 CFR, Part 395.1(e) and by the WSP in WAC 446-65-010.	vehicle
	Vehicle Inspection, Repair, and Maintenance	
Name	Kathryn JChristian Position: President	
the FM require	mpany must prepare a written "Driver Vehicle Inspection Report" on each vehicle used each day as required in 49 CFR, Part 396.11 and by the WSP in WAC 446-65-010. In addition, each company must maintain direcords for each vehicle that includes the following, as required by the FMCSA in 49 CFR, Part 396.3 an WAC 446-65-010: Identification of the vehicle. The nature and due date of various inspection and maintenance operations to be performed. A record of inspections, repairs and maintenance indicating their date and nature.	n certain
All con WAC 4	panies must conduct periodic inspections as required by the FMCSA in 49 CFR, Part 396.17 and by the W 6-65-010.	SP in
	Signature	
My sig	nature below certifies that I understand my responsibility as a motor carrier and I will comply with requirements which apply to my operations.	th all
7	sthyn Johnskis July 31, 30	14
Signat	re of applicant Date	

NOTE: Once issued, you must keep a copy of your permit in your vehicle.

ACORL

CERTIFICATE OF LIABILITY INSURANCE

To: **13605861181**

DATE (MM/DD/YYYY) 8/6/2014

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED

REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER. IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the

certificate holder in l	ieu of such endo	rsement	(s)	<u> </u>						
PRODUCER		·		CONTACT Les1	ie Dawson					
Conover Insurance, Transportation Division,				PHONE (A/C, No, Ext): (509) 965-2090 FAX (A/C, No): (509) 966-3454						
P.O. Box 10088				E-MAL ADDRESS: leslied@conoverinsurance.com						
				INSURER(S) AFFORDING COVERAGE NAIC #						
Yakima	WA 98	B909-2	1088	INSURER A :Uni		cial Casualt	zv Co	11770		
INSURED				INSURER B :						
R & M TRANSPOR!	TATION INC			INSURER C :						
510 N 39th Str	et			INSURER D :						
				INSUMER E :						
Yakima	WA 98	8901		INSURER F :		 -				
COVERAGES			TE NUMBER:2014-2015			REVISION NUM	BER:			
INDICATED. NOTWITH CERTIFICATE MAY BE	STANDING ANY R ISSUED OR MAY	EQUIREN PERTAII	SURANCE LISTED BELOW HA MENT, TERM OR CONDITION N. THE INSURANCE AFFORD ES. LIMITS SHOWN MAY HAVE	OF ANY CONTRA	ACT OR OTHER CIES DESCRIBE	DOCUMENT WITH	RESPECT T	O WHICH THIS		
INSR		IADDLISU	BR	POLICY E				·		
GENERAL LIABILITY	SURANCE	INSR W	VD POLICY NUMBER	(MM/DD/YY	FF POLICY EXP (MM/DD/YYYY)		LIMITS			
COMMERCIAL GEN	IERAL LIABILITY					DAMAGE TO RENTER PREMISES (Ea occur	D .			
CL'AIMS-MADE	OCCUR				1	MED EXP (Any one pe	erson) \$			
<u> </u>		.				PERSONAL & ADV IN	JURY \$			
<u> </u>		.				GENERAL AGGREGA	ATE \$			
GEN'L AGGREGATE LIN			·			PRODUCTS - COMP/	OP AGG \$			
POLICY PRO		 -				COMBINED SINGLE L	\$			
AUTOMOBILE LIABILITY						(Ea accident)	\$	1,000,000		
A ANY AUTO	SCHEDULED	1 1	03233525-0	8/6/2014	2/6/2015	BODILY INJURY (Per	· · · · · · · · · · · · · · · · · · ·			
AUTOS	AUTOS NON-OWNED		03233325 0	8/8/2014	2/6/2013	PROPERTY DAMAGE				
HIRED AUTOS	AUTOS	1				(Per accident)	•			
UMBRELLA LIAB	1	1					\$			
EXCESS LIAB	OCCUR					EACH OCCURRENCE		·		
	CLAIMS-MADE	1				AGGREGATE	- \$			
WORKERS COMPENSAT	ITION \$	+				WC STATU- T	S OTH-			
AND EMPLOYERS' LIAB ANY PROPRIETOR/PART		1 1			•	TORY LIMITS	LER			
OFFICER/MEMBER EXCL	UDED?	N/A				E.L. EACH ACCIDENT				
If yes, describe under	ATIONS bolow					E.L. DISEASE - EA EN				
DESCRIPTION OF OPER		 		0/5/551		E.L. DISEASE - POLIC	CY LIMIT \$			
A CARGO LIABILI	TI		03233525-0	8/6/2014	2/6/2015	PER AUTO:		\$150,000		
						DEDUCTIBLE:		\$2,500		
DESCRIPTION OF OPERATION FORM E SOON TO F	S/LOCATIONS/VEHIC DLLOW FROM II	CLES (Attac NSURAN	ch ACORD 101, Additional Remarks ICE COMPANY CC#TBA	Schedule, if more spa	ce is required)	<u> </u>	- A. 			
CERTIFICATE HOLDE	R			CANCELLATIO	N					
(360) 586-1181				SHOULD ALTO	E TUE ADOLES					

Washington Utilities & Transportation Commission

PO Box 47250 Olympia, WA 98504-7250 SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

R LaRiviere, VP/DAWSO

ACORD 25 (2010/05)

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